

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPROVED METHODS FOR THE DIAGNOSIS AND TREATMENT OF DIABETES

the specification of which ☐ is attached hereto or ☒ was filed on 09/06/91 as Application Serial No. 07/756,207 and was amended on _____ (if applicable).

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

COUNTRY	APPLICATION NUMBER	DATE OF FILING	PRIORITY CLAIMED UNDER 35 U.S.C. 119
			Yes _____ No _____
			Yes _____ No _____

I claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

APPLICATION SERIAL NO.	DATE OF FILING	STATUS
07/579,007	09/07/90	<input type="checkbox"/> Patented <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Abandoned
		<input type="checkbox"/> Patented <input type="checkbox"/> Pending <input type="checkbox"/> Abandoned

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) who are partners and associates in the firm of Townsend and Townsend to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

James M. Heslin Reg. No. 29,541

SEND CORRESPONDENCE TO: James M. Heslin TOWNSEND and TOWNSEND Steuart Street Tower, One Market Plaza San Francisco, CA 94105	DIRECT TELEPHONE CALLS TO: (name, registration number, and telephone number) James M. Heslin 29,541 <input type="checkbox"/> (415) 543-9600 or <input checked="" type="checkbox"/> (415) 326-2400
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201	FULL NAME OF INVENTOR	Last Name	First Name	Middle Name or Initial
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship
	POST OFFICE ADDRESS	Post Office Address	City	State or Country
				Zip Code
		BAEKESKOV	Steinunn	
		San Francisco	California	Denmark
		285 Beacon Street	San Francisco	California
				94131
202	FULL NAME OF INVENTOR	Last Name	First Name	Middle Name or Initial
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship
	POST OFFICE ADDRESS	Post Office Address	City	State or Country
				Zip Code
		AANSTOOT	Henk-Jan	
		San Francisco	California	Holland
		1428 10th Ave. #3	San Francisco	California
				94122
203	FULL NAME OF INVENTOR	Last Name	First Name	Middle Name or Initial
	RESIDENCE & CITIZENSHIP	City	State or Foreign Country	Country of Citizenship
	POST OFFICE ADDRESS	Post Office Address	City	State or Country
				Zip Code
		DECAMILLI	Pietro	
		Guilford	Connecticut	Italy
		37 Decatur Avenue	Guilford	Connecticut
				06437

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201	Signature of Inventor 202	Signature of Inventor 203
<i>John B. Buehler</i>	<i>Klan</i>	
Date <u>11/23/91</u>	Date <u>11/23/91</u>	Date

464010" 9848E880

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name: I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPROVED METHODS FOR THE DIAGNOSIS AND TREATMENT OF DIABETES

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James M. Heslin Reg. No. 29,541

<p>SEND CORRESPONDENCE TO: James M. Heslin TOWNSEND and TOWNSEND Steuart Street Tower, One Market Plaza San Francisco, CA 94105</p>	<p>DIRECT TELEPHONE CALLS TO: <i>(name, registration number, and telephone number)</i> James M. Heslin 29,541 <input type="checkbox"/> (415) 543-9600 or <input checked="" type="checkbox"/> (415) 326-2400</p>
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201	FULL NAME OF INVENTOR	BAEKKESKOV	First Name	Steinunn	Middle Name or Initial	
	RESIDENCE & CITIZENSHIP	City San Francisco	State or Foreign Country	California	Country of Citizenship	Denmark
	POST OFFICE ADDRESS	Post Office Address 285 Beacon Street	City	San Francisco	State or Country	California
					Zip Code	94131
202	FULL NAME OF INVENTOR	Last Name AANSTOOT	First Name	Henk-Jan	Middle Name or Initial	
	RESIDENCE & CITIZENSHIP	City San Francisco	State or Foreign Country	California	Country of Citizenship	Holland
	POST OFFICE ADDRESS	Post Office Address 1428 10th Ave. #3	City	San Francisco	State or Country	California
					Zip Code	94122
203	FULL NAME OF INVENTOR	Last Name DECAMILLI	First Name	Pietro	Middle Name or Initial	
	RESIDENCE & CITIZENSHIP	City Guilford	State or Foreign Country	Connecticut	Country of Citizenship	Italy
	POST OFFICE ADDRESS	Post Office Address 37 Decatur Avenue	City	Guilford	State or Country	Connecticut
					Zip Code	06437

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 201	Signature of Inventor 202	Signature of Inventor 203 <i>Peter J. All</i>
Date	Date	Date 10/12/1990

declare that:

IMPROVED METHODS FOR THE DIAGNOSIS AND TREATMENT OF DIABETES

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). I claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

COUNTRY	APPLICATION NUMBER	DATE OF FILING	PRIORITY CLAIMED UNDER 35 U.S.C. 119
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			Yes _____ No _____

APPLICATION SERIAL NO.	DATE OF FILING	STATUS
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204	FULL NAME OF INVENTOR	First Name	Middle Name or Initial
	RESIDENCE & CITIZENSHIP	State or Foreign Country	Country or Citizenship
	POST OFFICE ADDRESS	City	State or Country
			Zip Code
205	FULL NAME OF INVENTOR	First Name	Middle Name or Initial
	RESIDENCE & CITIZENSHIP	State or Foreign Country	Country or Citizenship
	POST OFFICE ADDRESS	City	State or Country
			Zip Code
203	FULL NAME OF INVENTOR	First Name	Middle Name or Initial
	RESIDENCE & CITIZENSHIP	State or Foreign Country	Country or Citizenship
	POST OFFICE ADDRESS	City	State or Country
			Zip Code

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Signature of Inventor 204 <i>Thomas J. Hall</i>	Signature of Inventor 205 <i>Robert J. Hall</i>	Signature of Inventor <i>Robert J. Hall</i>
Date <i>10/25/91</i>	Date <i>10/25/91</i>	Date

VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
(37 CFR 1.9(d) and 1.27(d)) - NONPROFIT ORGANIZATION

Applicant or Patentes: Steinunn Backkeskov

Application or Patent No.: _____

Filed or Issued: HerewithTitle: IMPROVED METHODS FOR THE DIAGNOSIS AND TREATMENT OF DIABETES

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

Name of Nonprofit Organization: University of YaleAddress of Nonprofit Organization: 246 Church Street, Ste. 401, New Haven, CT 06510

Type of Nonprofit Organization:

- ☒ University or other institution of higher education
☐ Tax exempt under Internal Revenue Service Code [26 USC 501(a) and 501(c)(3)]
☐ Nonprofit scientific or educational under statute of state or the United States of America
 (Name of state _____)
 (Citation of statute _____)
☐ Would qualify as tax exempt under Internal Revenue Service Code [26 USC 501(a) and 501(c)(3)] if located in the United States of America
☐ Would qualify as nonprofit scientific or educational under statute of state of the United States of America if located in the United States of America
 (Name of state _____)
 (Citation of statute _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR 1.9(e) for purposes of paying reduced fees to the United States Patent and Trademark Office regarding the invention, entitled IMPROVED METHODS FOR THE DIAGNOSIS AND TREATMENT OF DIABETES by inventor(s) Steinunn Backkeskov, Hank-Jan August, Pietro DeCamilli, Michele Solimena and Franco Folli described in:

- ☒ the specification filed herewith.
☐ Application No. _____, filed _____
☐ Patent No. _____, issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization regarding the above identified invention.

If the rights held by the nonprofit organization are not exclusive, each individual, concern or organization having rights in the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.9(e) if that person made the invention, or by any concern that would not qualify as a small business concern under 37 CFR 1.9(d) or a nonprofit organization under 37 CFR 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities. (37 CFR 1.27)

Name University of CaliforniaAddress 320 Harbor Bay Pkwy., Ste. 150Alameda, CA 94501☐ Individual☐ Small Business Concern☒ Nonprofit Organization

Name _____

Address _____

☐ Individual☐ Small Business Concern☐ Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Person Signing: Gregory E. GardinerTitle in Organization of Person Signing: Director, Office of Cooperative ResearchAddress of Person Signing: 246 Church StreetNew Haven, CT 06510Signature Gregory E. GardinerDate 4/4/97

Applicant or Patentee: Steinunn Baekkeskov

Serial or Patent No.: _____

Filed or Issued: _____

For: Improved Methods For The Diagnosis And Treatment Of Diabetes

Docket No. 2307U-031220US

U. C. Case No. 90-160-3

**VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS
[37 CFR § 1.9(f) and § 1.27(d)]--NONPROFIT ORGANIZATION**

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

NAME OF ORGANIZATION: The Regents of the University of California

ADDRESS OF ORGANIZATION: 300 Lakeside Drive, 22nd Floor
Oakland, California 94612-3550

TYPE OF ORGANIZATION

☒ UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION

☒ TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE [26 USC § 501(a) and § 601(c) (3)]

☐ NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OR THE UNITED STATES OF AMERICA

(NAME OF STATE _____)

(CITATION OF STATUTE _____)

☐ WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE [26 USC § 501(a) and § 501(c) (3)] IF LOCATED IN THE UNITED STATES OF AMERICA

☐ WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA

(NAME OF STATE _____)

(CITATION OF STATUTE _____)

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 CFR § 1.9(e) for purposes of paying reduced fees under section 41(a) or (b) of Title 35, United States Code with regard to the invention entitled Improved Methods For The Diagnosis And Treatment Of Diabetes

by inventor(s) Steinunn Baekkeskov, Henk-Jan Aanstoot, Pietro DeCamilli, described in
Michela Solimena and Franco Folli

☒ the specification filed herewith

☐ application serial no. _____, filed _____

☐ Patent no. _____, issued _____

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention (except for a license to a Federal Agency pursuant to USC § 202 (c) (4)).

If the rights held by the nonprofit organization are not exclusive, each individual, concern, or organization having rights to the invention is listed below* and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR § 1.9(c) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR § 1.9(d) or a nonprofit organization under 37 CFR § 1.9(e).

*NOTE: Separate verified statements are required from each named person, concern or organization having rights to the invention averring to their status as small entities (37 CFR § 1.27).

NAME Yale University

ADDRESS 246 Church Street, Ste. 401, New Haven, CT 06510

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☒ NONPROFIT ORGANIZATION

NAME _____

ADDRESS _____

☐ INDIVIDUAL ☐ SMALL BUSINESS CONCERN ☐ NONPROFIT ORGANIZATION

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. [37 CFR § 1.28(b)]

I hereby declare that all statements made of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine of imprisonment, or both, under 18 USC § 1001, and may jeopardize the validity of the application, any patent issuing thereon, or any patent which this verified statement is directed.

NAME OF PERSON SIGNING: Linda S. Stevenson

TITLE IN ORGANIZATION: Principal Prosecution Analyst, Office of Technology Transfer

ADDRESS OF PERSON SIGNING: 300 Lakeside Drive, 22nd Floor
Oakland, California 94612-3550

SIGNATURE _____

DATE 4/4/97